

No. 60-1**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of deceased Maria Cecolini CarloniAge 70 years 9 months 10 daysPlace of death Newton Sr., SouthboroDate of death 1-5-60Cause of death Cerebral ThrombosisInterment at Rural CemeteryDate permit issued 1-6-60Certified by Raymond Cannon M. D.

No. 60-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Maria C. Carloni

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

(City or town)

on Jan 8 1960Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. .... 60-2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Edw J. Gaffey & Sons  
MedfordName of deceased John Martin CroweAge 66 years 8 months 2 daysPlace of death Flagg RdDate of death 1/11/60Cause of death Sudden Death Presumably  
Coronary ThrombosisInterment at St. Augustine Andover.Date permit issued 1/10/60Certified by Walter F. Mahoney <sup>Med</sup> <sub>M. D.</sub>

No. 60-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John Joseph (Martin) Crowe

If a U. S. War Veteran, specify what war, organization, etc.

US Navy Dec '17 - Jun '19 - Rank "E"**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Augustine's, Andover, Mass.  
(Name of cemetery or crematory) (City or town)on January 14, 1960.Certified by Henry B. Smith  
(Signature of Superintendent, cemetery or crematory) Pastor

If there is no officer in charge, undertaker should sign and return this stub.

No. .... 60-3 .....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to ..... *Bob'r K. Wadsworth - Framingham*Name of deceased ..... *Charles Royal Woods*

Age ..... 81 years ..... 7 months ..... 19 days

Place of death ..... *School SV*Date of death ..... *1-15-60*Cause of death ..... *Cerebral Thrombosis*Interment at ..... *Newton Cemetery*Date permit issued ..... *1-18-60*Certified by ..... *J.H. Stone* M. D.

No. 60-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles R. Woods

If a U. S. War Veteran, specify what war, organization, etc.

Cremated  
**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at NEWTON CEMETERY & CREMATORY  
(Name of cemetery or crematory) (City or town)on January 9, 1960  
John S. Rogers  
(Signature of Superintendent, cemetery or crematory)

Certified by

If there is no officer in charge, undertaker should sign and return this stub.

No. .... 60-4 .....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to ..... Robin K. WadsworthName of deceased ..... Frederick E. PorterAge ..... 91 years ..... 10 months ..... 22 daysPlace of death ..... Dale Hill RdDate of death ..... 2-12-60Cause of death ..... General ArteriosclerosisInterment at ..... New Pine Grove - Waterbury, Conn.Date permit issued ..... 2-14-60Certified by ..... R.A. Johnson M. D.

No. .... 60-5

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to ..... *John J. Brown, Marlboro*Name of deceased ..... *Vincent B. Dunn*

Age ..... 61 years ..... 1 months ..... 14 days

Place of death ..... *Marlboro Rd.*Date of death ..... *2-25-60*Cause of death ..... *Duodenal Ulcer, perforated*Interment at ..... *Rural - Southboro*Date permit issued ..... *2-28-60*Certified by ..... *J.P. Brown*, M. D.

No. 60.5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Box 97, Southboro Mass.Name of deceased Vincent B. Dunn

If a U. S. War Veteran, specify what war, organization, etc.

U.S. Army - WW I - 10/14/18 - ?**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass. (City or town)

(Name of cemetery or crematory)

on Feb 28 1960Certified by Donald Stevens (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Division of  
Vital Statistics

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-1

## COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, Southboro ..... March 5 ..... 1960  
 (city or town) (date)

A removal permit, properly endorsed, has been received for the removal from  
Glendale, Ariz. ..... and the interment at Rural .....  
 (city or town) (state)  
 cemetery in Southboro ..... of the body of Ernesto Pietro Walla .....  
 (full name of deceased)

who died February 16 ..... 1960 ..... Age 76 years 11 months 19 days.  
 (month, day and year)

Cause of death (if known) not stated = allegedly, Interic carcinoma .....

Residence at time of death Glendale, Arizona .....

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

# 34 - dated 2/18/60 by Margaret Canier, Deputy Glendale, Ariz 24 N 15th Ave

Endorsed by Harold Stivers, Southboro, Mass

Timothy P. Stone Agent, Bd. of Health

(Copy prepared by)

(Title)

## PREPARE IN TRIPPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

No. .... 60-6 .....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to ..... Lawrence Volpe Jr.,  
Brian.Name of deceased ..... Charles RenziAge ..... 48 years ..... months ..... daysPlace of death ..... Southville - while fishingDate of death ..... 5/5/60Cause of death ..... Sudden - presumably  
Coronary ThrombosisInterment at ..... Rural - SouthboroDate permit issued ..... 5/6/60Certified by ..... Mahoney - examiner. M. D.

No. 60-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Bd of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles Renzi

If a U. S. War Veteran, specify what war, organization, etc.

WWII - Army - Tech 5 - 31-090-370**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass  
at \_\_\_\_\_

(Name of cemetery or crematory)

(City or town)

May 9 1960

on \_\_\_\_\_

Certified by Harold Stivers

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Division of  
Vital Statistics

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-2

## COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, SOUTHBORO ..... 5-18 ..... 1960 .....  
(city or town) (date)

A removal permit, properly endorsed, has been received for the removal from  
Allendale, Florida ..... and the interment at Rural .....  
 (city or town) (state)  
 cemetery in Southboro ..... of the body of Arthur F. Brewer .....  
 (full name of deceased)  
 who died May 11 ..... 1960 ..... Age 82 years ..... months ..... days.  
 (month, day and year)

Cause of death (if known) .....  
 Residence at time of death Allendale, Florida

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Permit No 414, dated 5/12/60 issued to HA Quarterman (license No 372).  
 Buried 5/14/60 per Harold Stivers

Timothy P. Stone ..... Agent, Bd. of Health  
 (Copy prepared by) (Title)

## PREPARE IN TRIPPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.



**JOSEPH D. WARD**  
**SECRETARY OF THE COMMONWEALTH**

No. 60-3

Division of  
 Vital Statistics

**COPY OF OFFICIAL REMOVAL PERMIT**

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, SOUTHBORD.....

(city or town)

June 1 1960  
 (date)

A removal permit, properly endorsed, has been received for the removal from Bellerville, Illinois..... and the interment at Rural.....  
 (city or town) (state)  
 cemetery in Southboro..... of the body of Alice Mae Stocomb.....  
 (full name of deceased)

who died 12-28-59.....1959.....Age 97.....years .....months .....days.  
 (month, day and year)

Cause of death (if known) Cerebral Thrombosis.....

Residence at time of death Bellerville, Illinois.....

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Ashes - Permit #855 - Issued 12/30/59 to KURRUS FUN. HOME of  
E. St. Louis, Ill.

Timothy P. Stone

Agent, Bd. of Health

(Copy prepared by)

(Title)

**PREPARE IN TRIPPLICATE**

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

No. 60-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Wm TigheName of deceased Joseph J. TricoliAge 62 years ..... months ..... daysPlace of death TurnpikeDate of death 6-11-60Cause of death Suddenly: premun. Coron. Thromb.Interment at RuralDate permit issued 6/13/60Certified by Mahoney - as M.E. M. D.

No. 60-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health  
(Office issuing permit)City or Town of POBox 97, Southboro Mass.Name of deceased J. J. Tricoli

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass. (City or town)

(Name of cemetery or crematory)

on June 14, 1960Certified by Harold Stivers (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Irving HarperName of deceased Ruth M. McKieAge 66 years 11 months 22 daysPlace of death CordavilleDate of death 7-14-60Cause of death Sudden Death, presumably  
Coronary ThrombosisInterment at SouthboroDate permit issued 7-15-60Certified by Walter Mahoney <sup>as med</sup> <sub>examiner</sub> M. D.

No. 60-8

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Ruth M. McKie

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on July 18, 1960Certified by Harold Stever  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-9**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James P. Binner

If a U. S. War Veteran, specify what war, organization, etc.

No.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.  
(Name of cemetery or crematory) (City or town)on September 2, 1960Certified by Ernest Haase  
(Signature of Superintendent, cemetery or crematory)E.

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-X 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to ..... Alex. De Vito .....Name of deceased Mary C. Fidele Pariselli .....Age 64 years ..... months ..... daysPlace of death ..... Silverse Rd.Date of death ..... 9/6/60Cause of death ..... Sudden Death, presumably  
(coronary Sclerosis).Interment at ..... Cambridge Cemetery, CambridgeDate permit issued ..... 9/6/60 as med examinerCertified by Walter Mahoney ..... M. D.

No. 60-X**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Many C. Fedele Pariselli

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Cambridge Cemetery, Cambridge  
(Name of cemetery or crematory)on Sept. 9, 1960Certified by Ralph W. Hamilton, Sup't.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-11

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to ..... *Donald Morris*Name of deceased ..... *James T. Donlan*

Age ..... 66 years ..... 11 months ..... 23 days

Place of death ..... *5 Cottage St*Date of death ..... *10-1-60*Cause of death ..... *Carcinoma, r. lung*Interment at ..... *Rural Cemetery, Southboro*Date permit issued ..... *10-3-60*Certified by ..... *Jos. Annunziata* M. D.

No. 60-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of POBox 97, Southboro Mass.Name of deceased James T. Donlan

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on Oct 4 1960Certified by Harold Stivers  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-12

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of deceased Louis Zocchi

Age 75 years 0 months 6 days

Place of death Central St

Date of death 12/11/60

Cause of death Sudden Death, presumed Coronary Thrombosis

Interment at Rural

Date permit issued 12/12/60 (med exam.)

Certified by Walter Mahoney M. D.

No. 60-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Louis Zecchi

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.  
at \_\_\_\_\_ (Name of cemetery or crematory) (City or town)on Dec 14, 1960Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-13

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Geo Sessions Sons Co. Worcester

Name of deceased Dwight E. Priest

Age 58 years 1 months 2 days

Place of death Lovers Lane

Date of death Dec 11, 1960

Cause of death Carcinoma Pancreas

Interment at Rinal - Southboro

Date permit issued 12-13-60

Certified by J. P. Stone M. D.

No. 60-13

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent Bd of Health  
(Office issuing permit)p. o. BoxCity or Town of Southboro No. 97 Mass.Name of deceased Dwight E. Priest

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on Dec 14, 1960  
(City or town)Certified by Harold L. Lewis  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-14

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John W. Sullivan Marlboro

Name of deceased Augusta B. Roux

Age 41 years months days

Place of death Southville Rd., Concordville

Date of death 12/14/60

Cause of death Sudden Death, presumably Cor. Thomb.

Interment at Rural - Marlboro

Date permit issued 12-16-60

Certified by W. F. Mahoney as <sup>med</sup> examiner M. D.

No. 60-14

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd. of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Augusta B. Roux

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on Dec 17, 1960Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald Morris

Name of deceased

John Finn

Age

65

years

5

months

15

days

Place of death

Turnpike, cor. Flagg Rd.

Date of death

8 Jan '61

Cause of death

Sudden Death, presumably  
Coronary Thrombosis

Interment at

Rural Cem., Southboro

Date permit issued

8 Jan '61

medical

Certified by

Walter Mahoney

examiner

M. D.

No. 61-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John J. Finn.

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)on Jan 11 1961Certified by Frank Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-2

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Rebecca Jean (MacDonald) GoffAge 80 years 1 months 17 daysPlace of death Oregon Rd.Date of death 1/11/61Cause of death Cerebral HemorrhageInterment at Rural, SouthbowDate permit issued 1/13/61Certified by Wilfred J. Cochrane M. D.

No. 61-2

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Rebecca J. Goff

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on Jan 14 1961Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-3

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Condelia Denise JackmanAge 17 years 11 months 29 daysPlace of death Oak Hill RdDate of death January 30, 1961Cause of death Sudden Death, presumably  
Coronary Thrombosis  
Burial — S. box

Interment at

Date permit issued Feb 1, 1961Certified by Walter J. Mahoney M. D.

No. 61-3

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Cordelia Denise Jackman

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)on Feb 5 1961Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John W. Sullivan - MarlboroName of deceased Robert V. AngerAge 36 years 0 months 0 daysPlace of death Rte 30Date of death 2-15-61Cause of death hacr rib, punct. lung, hemorrhageInterment at St. Mary's Cem - MarlboroDate permit issued 2-17-61Certified by Walter Mahoney <sup>med</sup> examiner M. D.

No. 61-4

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Robert V. Anger

If a U. S. War Veteran, specify what war, organization, etc.

Co B, 103 Infantry. # 31262896**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's Cemetery, Marlboro  
(Name of cemetery or crematory)on February 18, 1961Certified by St. Ptv. A. P. Julien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-5

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Charles F. McNeilAge 65 years 8 months 26 daysPlace of death Southville Rd., SouthvilleDate of death Feb 22, 1961Cause of death Sudden Death, presum. Cor. ThrombosisInterment at St. Lukes Cem., WestboroDate permit issued Feb 25, 1961as MedCertified by Walter Mahoney Exam. M. D.

No. 61-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles F. McNeil

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Lukes Cemetery Westboro  
(Name of cemetery or crematory)on Dec 27, 1961Certified by Reynard S. Buske  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Thomas H. Bagley Jr.Age 68 years 7 months 28 daysPlace of death Walker SVDate of death 4 / 6 / 61Cause of death Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 4 / 7 / 61Certified by J. H. Stone M. D.

No. 61-6

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Thomas H. Bagley Jr.

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass

(Name of cemetery or crematory)

on April 8 1961Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of deceased Mary E. McEvoyAge 63 years — months 2 daysPlace of death Middle Rd.Date of death 4-17-61Cause of death Sudden Death, presumably Coron. Thromb.Interment at Rural - 8-boroDate permit issued 4-17-61Certified by Walt & Mahoney - as med exam M. D.

No. 61-7

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of P.O. Box 97 Southboro Mass.Name of deceased Mary E. McEvoy

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)on April 19 1961Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Thomas Peter ThompsonAge 85 years 2 months 22 daysPlace of death E. Main Sr., SouthboroDate of death 4-26-61Cause of death Anteriosclerotic Heart DiseaseInterment at Rural - SouthboroDate permit issued 4-26-61Certified by J.P. Stone M. D.

No. 61-8

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Thomas P. Thompson

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on April 28 1961Certified by Varole Tuina  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-9

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Richard P. Coldwell, MarlboroName of deceased Charles Sanborn NicholsAge 74 years 7 months 27 daysPlace of death Central St., FayvilleDate of death 5-10-61Cause of death Pulmonary FibrosisInterment at Rural - SouthboroDate permit issued 5-12-61Certified by Philip S. Butler M. D.  
Worcester

No. 61-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles S. Nichols

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on May 13 1961Certified by Harold L. Tice  
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 61-10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to .....

Donald C. Morris

Name of deceased .....

Malcolm A. MacNeillAge 76 years 4 months 11 days

Place of death .....

Latisquam Rd

Date of death .....

5-12-61

Cause of death .....

Coronary Thrombosis

Interment at .....

Rural - Southboro

Date permit issued .....

5-14-61

Certified by .....

Timothy P. Stone M. D.

No. 68-10

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Malcolm A. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on May 15 1961Certified by Malcolm MacNeill  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-11

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Eugene S. McCarthyName of deceased Donald A. KratzerAge 40 years 10 months — daysPlace of death Red Gate Lane, SouthboroDate of death 5/14/61Cause of death Sudden Death, presumably Coronary Thromb.Interment at Rural - SouthboroDate permit issued 5/16/61Certified by Walter J. Mahoney <sup>med</sup> Examiner M. D.

No. 61-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Donald Arthur Kraftzer

If a U. S. War Veteran, specify what war, organization, etc.

Engt, 6th Arm'd Div, WWII**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on May 17 1961Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-12

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving W. Harper, WestboroName of deceased Herbert E. BanfillAge 79 years 10 months 12 daysPlace of death Middle Rd., SouthboroDate of death June 4, 1961Cause of death Cerebral HemorrhageInterment at Rural Cemetery, SouthboroDate permit issued June 5, 1961Certified by Timothy P. Stone, M. D.

No. 61-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Herbert E. Banfill.

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on June 6 1961Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-13

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Eastman Funil Serv. Inc.Name of deceased Ruth W. HarringtonAge 60 years 2 months 26 daysPlace of death Main St., S.boroDate of death 6-24-61Cause of death Sudden Death, presum. M.I.Interment at RuralDate permit issued 6/26/61Certified by Mahoney - Med Exam M. D.

No. 61-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit) P.O. Box 97City or Town of Southboro Mass.Name of deceased Ruth W. Harrington

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on June 27, 1961Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-14**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of deceased Ignazio James MinucciAge 80 years 2 months 8 daysPlace of death Grove St., SouthboroDate of death 6/29/61Cause of death Cerebral ThrombosisInterment at Rural - SouthboroDate permit issued 7/2/61Certified by Domenic S. Fiorentino M. D.

No. 68-14

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PD Box 27, Southboro Mass.Name of deceased Ignazio James Minnucci

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)on July 3 1961Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Emily M. CurrieAge 85 years 7 months 11 daysPlace of death Southboro-Woodland RdDate of death October 3, 1961Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued October 6, 1961Certified by Walter Mahoney M. D.

No. ....

61-15

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to ..... Agent, Board of Health  
(Office issuing permit)City or Town of Watertown Mass.Name of deceased Emily M. Currie

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Royal Cemetery, Somerville  
(Name of cemetery or crematory)on Oct 2, 1961Certified by Donald Stein  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

John A. Kennedy

Name of deceased

Everett Arthur Trumppalt

Age 63 years 5 months 21 days

Place of death

white Bagley Road - South

Date of death

November 6 - 1961

Cause of death

Coronary Thrombosis

Interment at

Forest Vale Cemetery, Hudson

Date permit issued

November 7, 1961

Certified by

Walter F. Mahoney - M. D. <sup>Med Spa</sup>

No. 61-16

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Halesopiana Rd - Southboro Mass.Name of deceased Everett Arthur Greenfalt

If a U. S. War Veteran, specify what war, organization, etc.

Morse**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forestvale Cemetery Hudson Mass  
(Name of cemetery or crematory)on Nov 9, 1961Certified by Henry Licker Supt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

01239

PLACE OF DEATH

Suffolk

(County)

West Roxbury

(City or Town)

No. Veterans Administration Hospital

STANDARD  
CERTIFICATE OF DEATH

Registered No.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

## PHYSICIAN — IMPORTANT

2 FULL NAME George Edward Lanctot  
(First Name) (Middle Name) (Last Name)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran,  
if so specify WAR) WW 1

(a) Residence No. 149 Clark

St. Waltham

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 11 days. In place of residence 18 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 4 1962  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
1/24/62 to 2/4/62, 19.62I last saw him alive on 2/4/62, death is said to  
have occurred on the date stated above, at 7:15 p.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Embryonal cell carcinoma of  
testis w/ metastasesDue To  
(b)INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 mo.

Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) Alan D. Perlmutter, M.D.  
(Print or Type Name)  
(Address) VAH, West Roxbury, Mass. 2/5/62

PARENTS

18 NAME OF  
FATHER Joseph19 BIRTHPLACE OF  
FATHER (City) St. Johnsbury  
(State or country) Vermont20 MAIDEN NAME  
OF MOTHER Mary L. Graveline21 BIRTHPLACE OF  
MOTHER (City) Concord  
(State or country) New Hampshire22 Informant Hospital Records  
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Johnsboro

(Signature of Agent of Board of Health or other)

5732

2/6/62

(Date of Issue of Permit)

Southboro Rural Cemetery, Southboro, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 8 1962

7 NAME OF  
FUNERAL DIRECTOR Fraser Funeral Home

ADDRESS Waltham, Mass.

Received and filed FEB 7 1962

A TRUE COPY ATTEST:

Registrar

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. A. Sansoucy + SonName of deceased Daniel J. GunnAge 60 years — months — daysPlace of death Fay SchoolDate of death March 20 - 1962Cause of death Sudden death Presumably coronary thrombosisInterment at St. Anne's Cemetery Fiskedale  
MassDate permit issued March - 20 - 1962Certified by Walter F. Mahoney M. D.  
ST.

No. 62-18

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Richard P. Caldwell <sup>Marlboro</sup>Name of deceased Frances (heary) SchmareAge 84 years 0 months 0 daysPlace of death Duke Nursing HomeDate of death 3/27/62Cause of death Cerebral Vascular ThrombosisCause of death ArterioscleroticInterment at Rural Cemetery <sup>Southboro</sup>Date permit issued March 28/1962Certified by Marilyn Miserere M. D.

No. 62-18

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

to

*Rural Cemetery*  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances (heary) Schware

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on Mar 29, 1962Certified by Leo Bertonegi

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Richard P. Coldwell-Mahoney

Name of deceased

William M. <sup>90th</sup> Davis, Sr.

Age

81

years

months

days

Place of death

At Home, Main St. South

Date of death

April 1, 1962

Cause of death

Sudden Death, Presumably -

Coronary Thrombosis

Interment at

Rural Cemetery South

Date permit issued

April 2 - 1962

Certified by

Walter F. Mahoney, M. D.

No. 62-19

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

*Agent*  
to Board of Health  
(Office issuing permit)

City or Town of Southborough Mass.Name of deceased William M. Davis Sr.

If a U. S. War Veteran, specify what war, organization, etc.

No**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory)on April 3 1962 - Cordaville Rd. Rte 85Certified by Ter. Bertorogli  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Edward C Sitkowski

Name of deceased Eva Sues

Age 74 years months days

Place of death Twispke Road, Fayville, Adams

Date of death May 15 - 1962  
sudden death

Cause of death Coronary Thromboses

Interment at St. Joseph Cemetery  
Webster

Date permit issued May 15, 1962

Certified by Walter F. Naforsky M. D.

No. 62-20

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Eva Suss

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ST. JOSEPH'S WEBSTER  
(Name of cemetery or crematory)on MAY 18, 1962Certified by Ree A. Lehrergh  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## COPY OF CERTIFICATE OF DEATH

## CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

TOWN OR CITY  
CLERK'S NO.....

131

1. NAME OF DECEASED (TYPE OR PRINT)			A. (FIRST) Alfred	B. (MIDDLE) L.	C. (LAST) Otenti	2. DATE OF DEATH June 5, 1962	(MONTH) JUN	(DAY) 5	(YEAR) 1962
3. PLACE OF DEATH			4. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDEN- B. COUNTY Strafford			BEFORE ADMIS- C. CITY (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS). OR TOWN Center Lebanon			
B. CITY OR TOWN Rochester			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS ---			E. IS RESID- ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION Frisbie Memorial Hosp.			7. MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) Doris Baker			
5. SEX Male	6. COLOR OR RACE White	10. AGE (IN YEARS LAST BIRTHDAY) 62	11. DATE OF BIRTH Nov. 29, 1899	12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Payville, Mass.	13. CITIZEN OF WHAT COUNTRY? U.S.	14. FATHER'S NAME Egidio Otenti	11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Truck Driver, Rev.	11B. KIND OF BUSINESS INDUS' ---	
15. MOTHER'S MAIDEN NAME Not known			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) No			17. SOC. SEC. NO. 019-16-8408			
18A. INFORMANT Doris B. Otenti			18B. ADDRESS Center Lebanon, Me.						

## MEDICAL CERTIFICATION

19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)			Bilateral Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 days				
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST. }			DUE TO (B)			Duodenal ulcer with Hemorrhage			Chronic	
			DUE TO (C)			Chronic Duodenal Ulcer			"	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			Chronic Pulmonary Fibrosis & Emphysema - yrs.			20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT SUICIDE HOMICIDE			21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)							
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
21C. TIME MONTH DAY YEAR HOUR										
21D. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>			21E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21F. CITY, TOWN OR LOCATION COUNTY STATE				
			June 1, 1962			Rochester, N. H. 6-5-62				
22. I attended the deceased from ..... to ..... and last saw her alive on ..... Death occurred at ..... 6:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.										
23A. SIGNATURE Lao Ringer			(DEGREE OR TITLE) M. D.			23B. ADDRESS Rochester, N. H. 6-3-62				
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL <input type="checkbox"/>			24B. DATE 6-8-62		24 C. NAME OF CEMETERY OR CREMATORIY Rural		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Southboro, Mass.			
24E. PLACE OF BURIAL IF ENTOMBED			(NAME OF CEMETERY)		LOCATION (CITY, TOWN, COUNTY) Rural		DATE			
25. FUNERAL DIRECTOR'S SIGNATURE Jas. H. Edgerly, Rochester, N. H.			ADDRESS		COUNTERSIGNED - AGENT (CITY BD. OF HEALTH) Kenneth J. Jones		DATE June 6/62			
DATE REC'D BY TOWN OR CITY CLERK June 11, 1962			CLERK'S OWN SIGNATURE D. Arlene Baker		CLERK OF Rochester					

A true copy, Attest: *S. Arlene Baker* Rochester, July 12, 1962  
Clerk of ..... Dated ..... 19.....

Received July 18, 1962

*Elvina & Bucky*  
Town Clerk

VS 17 EVANS 1731-1-10-61-10M



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH

No. 62-21

Division of  
Vital Statistics

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits, of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Southerns

(City or town)

November 16, 1962

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Henry A St. Maurice

(Name)

(Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)

at ..... Cemetery in ..... of the

body of ..... who died ..... 19 .....  
(Give full name of deceased) (Month) (Day) (Year)

age ..... years, ..... months, ..... days.

Cause of death .....

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death .....

Simeon A. Torcelletti, Agent

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 62-21

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent & Board of Health  
(Office issuing permit)City or Town of Southington Mass.Name of deceased Henry A St Maurice

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of deceased Henry A St Maurice

Age 74 years 3 months 14 days

Place of death Framingham Rd Somerville

Date of death November 15, 1962

Fractured Skull - accident

Cause of death Multiple fractures arm-leg

Interment at Rural Cemetery

Date permit issued November 16, 1962

Med

Certified by Walter Mahoney - Esq. M. D.

No. 62-21

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Henry A. St Maurice

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory)on November 17, 1962Certified by Leo Bertonazzi Supt. Jr. Bertonazzi  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald MorrisName of deceased Raffaeal GiombettiAge 66 years 5 months 21 daysPlace of death SouthboroDate of death December 4, 1962Cause of death Generalized Carcinoma  
metastaticInterment at Rural CemeteryDate permit issued December 6, 1962Certified by Joseph J. Annunziata M. D.

No. 62-22

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Raphael Giombetti

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burial Cemetery  
(Name of cemetery or crematory)on December 7, 1962 - at Cordwells Rd. Rte #85Certified by Leo Butoraggi - Supt. Southboro Cemetery  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald Morris  
Agent, Bd. of HealthName of deceased Andazis G. Dragomani

Age 78 years 2 months 0 days

Place of death Central Street  
Turnpike Road - FayvilleDate of death Dec. 14, 1962Cause of death Fractured Skull - accident  
Multiple fractures of legs & armsInterment at Rural - SouthicosDate permit issued 12-16-62Certified by W. F. Mahoney as M. D.  
*med*

No. 62-23

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health  
(Office issuing permit)City or Town of P.O.B. 497 - Southboro, Mass.Name of deceased Quadazio G. Dragomani

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery

(Name of cemetery or crematory)

on December 18, 1962Certified by Leo BertonazziLeo Bertonazzi

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William B. Heland-HudsonName of deceased Clara S Robinson -Age 84 years 25 months 0 daysPlace of death East Main St-SouthersDate of death December -29-62

Cause of death

Interment at Watereide Cemetery MarbleheadDate permit issued December -29-1962Certified by Warren S Temple - M. D.

No. 62-24

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97 - Southboro Mass.Name of deceased Clara S. Robinson

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Watnick Cemetery  
(Name of cemetery or crematory)on Jan. 1, 1962Certified by Charles T. Bartholow  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Callahan Bros.-

Name of deceased

Helen M. (McConaughay) Hagan

Age 51 years 8 months 24 days

Place of death

Main St. - Southboro

Date of death

April 21, 1963

Cause of death

Carcinoma, Right Breast

Interment at

St. Mary's Uxbridge, Mass.

Date permit issued

April 22, 1963

Certified by

Timothy P. Stone

M. D.

No. 63-25

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of Somerville - Mass.Name of deceased Helen M. (McConaughay) Hagan

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's Cemetery, Woburn  
(Name of cemetery or crematory)on April 24 1963Certified by Joseph A. Shaughnessy  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Hokier Funeral ServiceName of deceased Peter ElvinAge 1 years 9 months 4 daysPlace of death Cordaville Rd, SouthboroDate of death July 10-1963  
Cause of death Asphyxiation by suffocationCause of death ChokingInterment at Dell Park CemeteryDate permit issued July 11, 1963Certified by Walter F. Mahoney, M. D.

No. 63-28

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health -  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Peter Elvin

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Dell Park Cemetery Natick Mass.  
(Name of cemetery or crematory)on July 13 - 1963Certified by Gordon Peterson, Sup't.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald Morris, Director

Name of deceased

John J. Baldelli

Age

59

years

1

months

8

days

Place of death

At home, Pleasant St, Fayville, <sup>Mass</sup>

Date of death

August 15, 1963

Sudden death Presumably

Cause of death

Coronary Thrombosis

Interment at

Rural Cemetery - Southboro

Date permit issued

August 16, 1963

Certified by

Master J. Mahoney

M. D.

No. 63-27

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of South Boston, Mass. Mass.Name of deceased Louis J. Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

World War II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery  
(Name of cemetery or crematory)on August 17, 1963 - Cordaville Rd. Rte. # 85Certified by Geo. Buttray, Super.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 28**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Daniel C MorrisName of deceased Mark S BanksAge 6 years +25 months 13 daysPlace of death In carriage - somewhereDate of death Aug 26 - 1963Cause of death Interstitial pneumoniaInterment at Rural CemeteryDate permit issued Aug 27, 1963Certified by R. Rittenhouse M. D.

No. 63-28

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mark J. Banks

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory)on August 28, 1963 - Cordaville Rd. Rte # 85Certified by Dw. Bartonegg  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Edith E CunninghamName of deceased William R. FreierAge 45 years 2 months 5 daysPlace of death SouthboroDate of death October 5, 1963Cause of death Sudden death pres.  
Coronary ThrombosisInterment at St. Domenic's, Holmesburg <sup>Pa</sup>Date permit issued October 5, 1963Certified by Walter F. Mahoney M. D.



# The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

No. 63-29

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits, of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Southboro October 5 1963  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

William

(Name)

R. Freiler 30 Rose Lane Framingham

(Address)

for the removal from Southboro, and the interment

(To be filled out in case of removal)

at St. Domenec's

Cemetery in Holmesburg, Pa. of the

body of

(Give full name of deceased)

who died

(Month)

(Day)

19

(Year)

age years, months, days.

Cause of death

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

Sister Anne Elizabeth Prost  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)

No.

63-28

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of Southboro — Mass.

Name of deceased .....

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Richard P. Coldwell - MarcellaName of deceased Bertha Maude (Priest) O'hearyAge 86 years 2 months 21 daysPlace of death Hatignama Rd. - SouthwicksDate of death Oct 4, 1963Cause of death Abdominal CarcinomatosisInterment at Rural Cemetery SouthwicksDate permit issued Oct 7, 1963Certified by Tristin J. Stone M. D.

No. 63-30

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed**Agent**to**Board of Health**(Office issuing permit)*City or Town of Southboro Mass.Name of deceased Bertha Maude O'heary

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on October 8, 1963 Cordaville Rd. Rte. #85Certified by Lee Bartosz Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Joseph a. Roberts  
(@Goffs)

Name of deceased

Louise B. Dunn

Age

70

years

1

months

9

days

Place of death

Southboro - Goffs House

Date of death

October 6, 1963

Sudden death, Pres.

Cause of death

Coronary Thrombosis

Interment at

Rural Cemetery

Date permit issued

October 9, 1963

Certified by

Walter J. Mahoney M. D.

No. 63-31

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased Louise B. Dunn

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on October 9, 1963 - Cordaville Rd. Rte. # 85Certified by Lee Bentz, Dept  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. ColdwellName of deceased Eva (Byard) SpurrAge 84 years 0 months 28 daysPlace of death Marlboro Road, SouthboroDate of death October 11, 1963Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued October 12, 1963Certified by Timothy P. Stone M. D.

No. 63-32

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eva (Bryant) Spurr

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory)on October 13, 1963 - Cordaville Rd. Rte. # 85Certified by Les Bentz lyst.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

63-33  
No. ....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of deceased Forrest L. WarrenAge 83 years 6 months 18 daysPlace of death White Bagley Rd - SomeliousDate of death October 20, 1963Cause of death Cerebral ThrombosisInterment at Hudlow Cemetery, Hudlow, VermontDate permit issued October 21, 1963Certified by Timothy P. Stone M. D.

No. 63-33

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Baptist Board of Health  
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Forrest L. Warren

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at PLEASANTVIEW LUDLOW VT.  
(Name of cemetery or crematory)on Oct 23, 1963Certified by R. J. Niele

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.